

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Roger Allen Johnson

(In the space above enter the full name(s) of the plaintiff(s).)

11 2603

- against -

1 Emelia Caputo RN Adm.

2 Dr. Victoria Gessner

3 Dr. Wilson

4 PrimeCare Medical Inc. - Sub Contracting Healthcare Serv.

5 Lt. Jason Rosati

6 Robert Meyers / Director of Corrections

7 Mike Bateman / Deputy Warden

8 John Robinson / Chairman, Prison Advisory Board

9 Chris Naugle / Internal Affairs Investigator

10 Northampton County Prison

11 Northampton County Sheriffs Dept. (See: Attachment Com. page 1)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Roger Allen Johnson

ID # JS7893

Current Institution SCI, ALBION

Address 10745, Route 18

Albion, PA. 16475-0002

Against (continued)

No. - 12. Northampton Co Sheriffs Deputy Jordan

- 13. PA. Department of Corrections

- { 14. S.C.I. Graterford, Names of defendants No. 14, 15 are
unknown at this time. Sergeant, Property Officer intake.
- { 15. 9/29/10 - 1ST Shift - Front Gate.

- 16. S.C.I. Albion, Dr Baker

- 17. Sandra Gorniak Accountant S.C.I. Albion

- 18. Ms. Adams, Grievance Coordinator, S.C.I. Albion

- 19. Dorina Varner Chief Grievance Officer, S.C.I. Camp Hill

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Emelia Caputo RN Shield # Healthcare Adm.
Where Currently Employed Northampton County Prison
Address 666 Walnut St.
Easton PA 18042

Defendant No. 2 Name Dr. Victoria Gessner Shield # _____
Where Currently Employed Northampton County Prison
Address 666 Walnut St.
Easton PA 18042

Defendant No. 3 Name Dr. Wilson Shield # _____
Where Currently Employed Northampton County Prison
Address 666 Walnut St.
Easton PA 18042

Defendant No. 4 Name PrimeCare Medical Inc. Shield # Subcontracting health care services
Where Currently Employed Northampton County Prison
Address 666 Walnut St.
Easton PA 18042

Defendant No. 5 Name Lt. Jason Rosati Shield # Lieutenant
Where Currently Employed Northampton County Prison
Address 666 Walnut St.
Easton PA 18042

II. Statement of Claim:

(continued attachment I, B.)

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Northampton County Prison

B. Where in the institution did the events giving rise to your claim(s) occur? Medical Housing Unit / Restricted Housing Unit / H tier - # 23 cell, # 10 cell

C. What date and approximate time did the events giving rise to your claim(s) occur? from 5/14/09 - 6/10/09, 10/8/09, 8/6/09 Approximately

(written documentations destroyed by Lt. Rosati, dates and times unknown) 12/18/09

(Defendant No. 6)

Name Robert Meyers Shield # Director of CorrectionWhere Currently Employed Northampton County PrisonAddress 666 Walnut St.Easton, PA 18042

(Defendant No. 7)

Name Mike Bateman Shield # Deputy WardenWhere Currently Employed Northampton County PrisonAddress 666 Walnut St.Easton, PA. 18042

(Defendant No. 8)

"chairman"

Name John Robinson Shield # Prison Advisory BoardWhere Currently Employed Northampton County PrisonAddress 666 Walnut St.Easton PA. 18042

(Defendant No. 9)

Name Chris Navgle Shield # Internal Affairs InvestigatorWhere Currently Employed Northampton County PrisonAddress 666 Walnut St.Easton PA 18042

(Defendants No. 10)

Northampton County Prison666 Walnut St.Easton PA. 18042

(Defendants No. 11)

Northampton County Sheriffs Department(No. 12) Deputy Sheriff - Jordan

(continued)

No. 13 PA Department of Corrections
P.O. Box 598 Camp Hill PA. 17001

No. 14 { Names of defendants No. 14, 15 are unknown at this
No. 15 { time, Sergeant 1st shift, intake property officer 1st
shift front gate 9/29/10

No 16 Dr. Baker - SCI Albion, 10745 Route 18
Albion PA. 16475

No 17 Sandra Gorniak Accountant SCI Albion
10745, Route 18 Albion, PA. 16475

No 18 Ms Adams, Grievance Coordinator, SCI Albion
10745, Route 18 Albion PA 16475

No 19 Dorina Varner, Chief Grievance Coordinator
Office of Inmate Grievances and Appeals.
SCI Camp Hill PA. Dept. of Corrections
P.O. Box 598 Camp Hill PA 17001

① What happened to you?	<p>D. Facts: Denied treatment once prescribed. Prescriptions for pain meds not given. Suffered severe pain for approx. 3 weeks absolute torture. Deliberate indifference to a medical infirmity resulting in permanent disability in that I am now confined to a wheelchair because of unrepaired damage to my feet. All parties named were aware of my condition and eventhough I followed all proper procedure refused to provide even minimal medical care. (continued attachments D.1) pages 1, 2, 3, 4, 6 + 6</p>
② Who did what?	<p>*3. Dr Wilson refused to acknowledge the seriousness of my injuries in that the amount of pain I suffered through for approximately 3 weeks following my surgeries (2) two, and a fracture to my back. (continued attachments D.2) pages 1, 2, 3, 4</p>
③ Was anyone else involved?	<p>{Negative}. All violations of Constitutional Amendments and Civil Rights and deliberate indifference was committed towards myself and no others.</p>
Who else saw what happened?	<p>As proof to claims I have retained all relevant grievance forms and appeals. There is a list of all witnesses and to what they've witnessed I also must submit my medical records.</p>

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have a shattered Rt heelbone, Lt foot 4 broken metatarsal bones / compression fracture lower lumbar #5; titanium plates in Rt foot have shifted and displaced as a result of my having no assistance with toiletries and showers. three screws in Lt. foot one is cracked also a result of me having to move myself. Constant pain in lower back. Refusal of prescribed medication resulted to suffering intense pain for 3 weeks. (torture)

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

page # ③

D.1

II Statement of Claim (Attachment page 1)

D.1

Multiple grievances filed, 3 of which Administrator *1 Mrs. Caputo claims she never received, total of 8 grievances refiled. Responses given have no relative remedies to the issues of each grievance filed. In turn, each appeal was totally ignored as to where no return responses from the Director of Corrections *6 Mr. Robert Meyers, (I have retained copies) for any one of 8 grievances.

Multiple Doctor appointments as well as physical therapy appointments were missed because PrimeCare had foreknowledge of ambulatory transportation and failed to communicate the need to *11 The Sheriff's Dept. (Grievances filed, appeals ignored) System inadequate.

As a result of deliberate indifferences to debilitating factors and lack of treatment and medical care, the surgical repair to both my right foot and left foot there is displacement of the titanium hardware implanted. I had to do all moving to and from showers and toilet use on my own with no assistance from any of the medical staff employed by *4 PrimeCare Medical Inc. a healthcare services provided and subcontracted through *10 Northampton Co. Prison. The titanium has shifted from its original position and to this date is very painful to walk on. (4/1/11) I rely on moving around limited to distances of approximately 50-100 feet. Any further distances to travel I am confined to the use of a wheelchair.

Page #3

II Statement of Claim

(Attachment page 2,
D.1)

D. ① (continued) On or about 6/8/09^{*5} Lt. Rosati had assaulted me with a collapsable "billyclub" for no reason. He struck me on the bottom of my right foot while I was sitting in my wheelchair with both my feet elevated in foot sterups raised higher with pillows. I had grievances filed with no responses multiple times. (There are witnesses) Handed grievances to both Lt. Beers and Lt. Rogers.

On or about 8/6/09^{*5} Lt. Rosati had assaulted me with a wisk type broom upon my Left arm / upper arm, towards the shoulder, with a full swing which left a welt for several hours then went black and blue leaving a ~~contusion~~ contusion for 5 days (there are witnesses) I grievanced this issue several times and was again ignored. On both occasions where^{*5} Lt. Jason Rosati had assaulted me, he had no legitimate penological purpose and was both objectively unreasonable and a malicious and sadistic act.

On or about 12/18/09 I was attempting to shower in the Medical Housing Units shower room and had slipped on the tiled floor (no slip proofing strips on floor to prevent) and had suffered a massive contusion and large hematoma on my left elbow. At this time I was already dependant on the assistance of a walker to walk with. (a great deal of pain) Administration requised me to be placed on the Restricted Housing Unit

(page # 3) II Statement of Claim (Attachment page 3 D.1)

D.① (continued) following a misconduct (unrelated) I was placed in a cell furthest down the tier (distance 125 ft which was (inaccessable use) for my condition. I was unable to use the shower and could not use the phones they were too far away to walk to. I was placed on Administrative Custody.^{#5} Lt. Rosati, after cuffing me and placing me in RHU went back down to the medical housing unit to collect my property. In front of witnesses he rifled through a folder clearly labled as "LEGAL WORK" retrieved my records where I kept documentations of all interactions with Staff of both medical dept. and Correctional Staff. Destroyed (2) two tablets worth of 7 months worth of records, all dates and times of relevant information including but not limited to both accounts of his assaulting me, which had exact dates and times of said assaults and names of those who witnessed them.

After a period of time has gone by I had seen with my own eyes (also another witness)
^{#5} Lt. Rosati explaining to Corrections Officer Eggleston how he destroyed my legal work.

page # (3) II Statement of Claim (Attachment page D.1

D.1 (continued) ^{#9} Mr. Chris Naugle, Internal Affs -5 Investigator was notified both verbally and handed a copy of 18 page letter of Form Written Appeals and failed to investigate my complaints.

^{#8} Mr. John Robinson, Chairman Prison Advisory Board was also handed a copy of my complaint with appeals and grievances. He also failed to inquire or investigate the matters.

I also handed Deputy Warden ^{#7} Mike Bateman the same copies of my complaints, grievances and appeals. He also failed to investigate.

I mailed via legalmail the whole package of letters, grievances and appeals to Mr ^{#6} Robert Meyers the Director of Corrections of ^{#10} Northampton County Prison. Mr Meyers showed deliberate indifference by ignoring my complaints, was aware and failed to acknowledge the situation. The law clerk is a witness to the mailing of said letters. I was mailed ~~per~~ packages from a law firm in Phila. These packages were preopened by C.O.'s before given to me. There were also packages mailed to me that I never received. Packages were privileged legal mail and should have been opened in my presence, they were not

(page #3) II Statement of Claim (Attachment D.1 Page)

D.1 (continued) ^{#11} The Northampton Co Sheriff Dept. ^{#12} (Deputy Jordan) transported me to SC Graterford. Before transport ^{#12} Deputy Jordan rifled through my legal materials all pertaining to this case and proceeded to throw away papers in the trash. I immediately tried to stop him, demanding to speak to a white shirt (Lieutenant) ^{#13} Deputy Jordan then stated quote "I'll fix your ass"

Arrived at S.C.I Graterford ^{#12} Deputy Jordan passed word of my complaints to front gate ^{#14} Sergeant. The Sergeant then threw into trash my phone book containing all contacts that I have. As I was booked into PA. D.O.C. the property intake ^{#15} officer then instructed me that I must either send all my legalwork (entire files) or destroy them.

For the entire month of October 2010 I was informed that E Block - Graterford does not have any grievance forms. I tried every means necessary and was told by the Unit Manager to handle my problems at S.C.I. Camphill he does not want to deal with my problems.

(page # ③) D.I II Statement of Claim (Attachment D.I pag.

D.I (continued)

I do not believe it to be coincidental that ~~I have not been credited 6 months time prior to sentencing, from 3/14/10 the date of my arrest, to 9/14/10~~ I have tried on every level to correct this error. PA.

*13 D.O.C. has also sanctioned my inmate account illegally. I've grievanced this issue as far as possible. I have provided proof to my claim stating D.O.C. Policy DC-820 part V sec. B7, and also citing

*113157 61 Pa.C.S.A. § 3305, Appeal denied from *19 Chief Secretary Office of inmate grievances and appeals. All in hindering my efforts in obtaining any monetary funds to assist my legal endeavours.

I have requested to research in S.C.I. Albions law library and have not been placed on a schedule as of this date 4/4/11.

Page # ③

II Statement of Claim (Attachment page 1
D.2D.2

*3 Dr. Wilson failed to provide the necessary treatment once prescribed by denying and depriving me of adequate pain management medication prescribed by Dr. William Delong, Chief Orthopedic Surgeon who had performed both surgeries to my feet, resulting in pain and suffering.

*2 Dr. Gessner also failed to properly diagnose the severity of my injuries in that I suffered through intense pain as a result of her showing deliberate indifference towards my condition. Not providing treatment once prescribed.

*1 Emelia Caputo PrimeCare Medical Healthcare Administrator failing in her fiduciary duty to ensure treatment once prescribed by denying and depriving me of the proper medications, lying on grievance forms stating that I was not prescribed percocet and celebrex. Showing deliberate indifference to my medical needs, ignoring multiple sick call requests failing to provide access to multiple doctor appointments, physical therapy appointments showing of system inadequate. Failure to provide the need for proper treatment for a serious medical need resulting in displacement of implanted metal and refusal to repair the damage done as a result of the displacement. I must now be confined to a wheelchair.

(page #3)

II Statement of Claim (Attachment page 2)
D.2D.2 (continued)

*4 PrimeCare Medical Inc. failed in their responsibilities to Supervise their employees to ensure the qualities of care for inmates housed in NCP Medical Housing Unit.

*5 Lt. Jason Rosati assaulted me twice, once with a weapon "colapsible batton" and another time with a broom. Both incidences were sadistical and malicious and served no penological purpose and was objectively unreasonable. He also destroyed legal documentations knowingly and willfully in attempts to hinder any attempt by me to seek relief from these two assaults.

*6 Robert Meyers knowingly ignored all grievances and appeals sent to him. *6 Mr. Meyers has a fiduciary duty and responsibility to address grievances and appeals and totally ignored showing deliberate indifference by not fulfilling his appointed duties.

*7 Deputy Warden Mike Bateman placated my situation by seeming concerned about my complaints and failed to respond in the capacity his appointed duty holds. Deliberate indifference to my multiple complaints, failing to respond to or notify *6 Mr. Meyers (whom also had knowledge)

(page # 3)

Statement of Claim (Attachment page 3) D.2

D.2 (continued)

*8 Mr. John Robinson, Prison Advisory Board Chairman. Failure to follow through with the promise to look into my complaints. I handed him a full package of everything I went through. He stated to me he would take care of the situation and handle what needs to be done (He did nothing! Deliberate indifference.

*9 Mr. Chris Naugle Internal Affairs Investigator failed to investigate my claims. He interviewed me one time and failed to follow through and perform his duty and appointed position. Deliberate indifference.

*10 Northampton County Prison and its full capacity of Administrative employees failed to provide redress of all grievances and appeals, deliberate indifference.

*11 Northampton County Sheriffs Dept. time after time failed to accommodate special needs for transportation to and from multiple appointments / system ~~is~~ inadequate.

*11 S.C.I Graterford Sergeant (name unknown at this time was instructed by Northampton Co. Sheriffs Deputy *12 Jordan to hinder any attempts to my legal endeavours 1st Amendment violations. I was forced to send or destroy all legal

(page #3)

II Statement of Claim (Attachment page 4
D.2

D.2 (continued)

materials in my possession. Extremely delaying my efforts in seeking relief of these claims against all above named defendants possibly resulting in me being time barred by statute of limitations.

~~XXX~~ Mr. Rogers SCI Graterford Counselor was repeatedly notified about my dilemma and refused to assist me as with the Unit Manager E-Block.

*16 Dr. Baker S.C.I. Albion refuses me the medications I need for pain management and will not diagnose my current condition by retrieving medical records needed to assess the damage to my feet as a result of me having to fend for myself at *10 Northampton Co. Prison.

*13 PA. Department of Corrections refuses to make the proper adjustments to my inmate accounts keeping me indigent to hinder my legal endeavors. *17 Sandra Gorniak, SCI Albion *18 Ms. Adams Grievance Coordinator and SCI Camp Hill Chief Grievance Coordinator *19 Dorina Varner all uphold grievances after my showing of violations of DC ADM 820 Policy and citing PA 61 CSA Pa. 3305 §.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Northampton County Prison
SCI's Graterford, Camp Hill and Albion

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

8 grievances and appeals - PrimeCare Medical, appeals - Director of Correction

1. Which claim(s) in this complaint did you grieve? All

2. What was the result, if any? Grievances responded by Healthcare Adm. Mrs. Caputo RN. did not deal with issues, Appeals ignored

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I had appealed all grievances to Director of Corrections Robert Meyers who ignored all formal written appeals. I had also grieved 2 assaults by Lt. Rosati and his destruction of my legalwork and was ignored at all levels.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I have filed grievances multiple times 8 medical grievances 3 of which were discarded. I also filed multiple grievances on Lt. Jason Rosati that were ignored on all levels of Administration.
2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I filed multiple grievances on Lt. Jason Rosati, handed said grievances to both Lt. Beers and Lt. Rogers. Not one was ever responded to. I was ignored. The only person who showed any interest in my claim was IA, Investigator Chris Naugle who then failed to provide even minimal Fiduciary Duty.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. 8 medical grievances filed, none of the responses dealt with any of the issues. I appealed by writing out an 18 page letter stating each grievance with Formal Written Appeals and was ignored.

I filed "at least" 10 grievances on Lt. Rosati and every one of them I personally handed to Lt. Beers or Lt. Rogers. I also included on the 18 page letter of appeals. Ignored...

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies. I do not possess these documents at this time I was forced to send my legal materials from SCI Graterford I have yet to recover them. I am in the process of recovering them.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Compensatory of Damages \$1,000,000.00 Pain and suffering/assaults from Employee under color of State. Deliberate Indifference - multiple counts. Violation of 8th Amendment Rights and Americans with Disabilities Act. \$10,000,000.00 Punitive Damages - Pain and suffering, Deliberate Indifference Violations to 8th Amendment and Civil Rights. Order to correct surgical damages and further treatment.

Injunctions on PA Dept. of Corrections for their
 hindrance of my legal endeavors Violating the 1st
 Amendment right to petition the Government for a
 redress of grievances, Knowingly refusing me the access
 I need and require to the Institutional Law Library.
 Acknowledging the proof I've shown to reinstating my
 institutional account balance to its original status
 void of their incompetence to file suit civil court
 within one year they refuse to recognise their
 own Policy and PA Statute 61 Pa.S 3305

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9th day of April, 2011.

Signature of Plaintiff [Signature]

Inmate Number JS7893

Institution Address S.C.I. Albion

10745, Route 18

Albion, PA. 16475-0002

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7th day of April, 2011, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: 